AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	E CONSTRUCTION / /	0. 0938-039 TE SURVEY
		The state of the s	A. BUILDING O	01 - MAIN BUILDING 01 (K3) DA	MPLETED
NAME OF I	PROVIDER OR SUPPLIER	44E232	B. WING		= /0# /00# <del>*</del>
	E COUNTY NURSING	44.55	ST	REET ADDRESS, CITY, STATE, ZIP CODE	5/01/2017
		<u></u>		7 WHEELERTOWN AVENUE KEVILLE, TN 37367	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL GC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENT	rs ·	K 000		<del> </del>
	Division of Health Li Office of Health Car 05/01/2017. During Bledsoe County Nur substantial compllar participation in Medi Subpart 483.70(a), I	Survey was conducted by the Department of Health censure and Regulation e Facilities survey on this Life Safety Survey, sing Home was found not in uce with the requirements for care/Medicaid at 42 CFR Life Safety from Fire, and the Protection Association 1-2012.			
	NEPA 101 Means of NEPA 101 Means of Egress - Gaisles, passageways exit locations, and awith Chapter 7, and continuously maintai full use in case of en 18/19.2.2 through 18/19.2.2 through 18/19.2.2 through 18/19.2.1, 7.1.10 This STANDARD is Based on observation maintain the means. The findings included Observation on 05/0 the emergency egres was obstructed by a NEPA 101, 19.2.3.4*	Egress - General Seneral Seneral Se, corridors, exit discharges, coesses are in accordance the means of egress is ned free of all obstructions to nergency, unless modified by 8/19.2.11. D.1 not met as evidenced by: on, the facility failed to of egress.  2: 1/2017 at 8:45 AM, revealed as pathway in the courtyard picnic table and a chair	K 211	K211 Means of Egress  1. On 05/02/2017 obstructions (picnic table and chair) to the emergency pathway in the courtyard were removed.  2. On 05/02/2017, the Director of Maintenance and the Assistant Administrator initiated a walkthrough of the emergency egress pathways around and within the Facility to determine if there were any further obstructions to emergency egress. None were found.  Confinued	5/2/2017
BORATORY	DIRECTOR'S OR PROVEE	RIGUPPINER REPRESENTATIVES SIGN	ATURE	TITLE	<u> </u>
111	19/11/	Al Boderia	V Walla	Administrator 05 may be excused from correcting providing it is determined to the finding providing providing it is determined to the finding providing providing providing providing it is determined to the finding providing pr	(X8) DATE

Facility ID; TN0401

DEFMay. 25. 2017 + 4:06PMAND BLEDSOE ADMINES No. 2202 PRP. 3D: 05/04/2017 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED STATEMENT OF DEFICIENCIES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. SUILDING 01 - MAIN BUILDING 01 COMPLETED 44E232 B. WING NAME OF PROVIDER OR SUPPLIER 05/01/2017 STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME ŧ: 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES !! (X4) ID PROVIDER'S PLAN OF CORRECTION ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETION TAĞ REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) K 000 **INITIAL COMMENTS** K 000 A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health Care Facilities survey on: 05/01/2017. During this Life Safety Survey, Bledsoe County Nursing Home was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 3. Beginning 05/02/2017 a monthly related National Fire Protection Association Facility Exterior Checklist and (NFPA) standard 101-2012. Interior Checklist were revised (see The requirement at 42 (CFR), Subpart 483.70(a) attachment #1 and #2) to monitor is NOT MET as evidenced by: Facility emergency means of egress K 211 NFPA 101 Means of Egress - General as well as other safety and K 211 SS≍D operational requirements. The Means of Egress - General Checklist will be utilized by the Aisles, passageways, comidors, exit discharges, Maintenance Department to record exit locations, and accesses are in accordance with Chapter 7, and the means of egress is the monthly checks. Copies of the continuously maintained free of all obstructions to completed checklist will be provided full use in case of emergency, unless modified by to the Administrator. 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 4. The Director of Maintenance will This STANDARD is not met as evidenced by: make an initial report on this finding Based on observation, the facility failed to maintain the means of egress. and the other findings on this survey, as well as the corrective action The findings included: ij implemented, to the QA/QI Committee at the next quarterly Observation on 05/01/2017 at 8:45 AM, revealed meeting and for the next 3 quarterly the emergency egress pathway in the courtyard was obstructed by a picnic table and a chair. meetings. The Assistant

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

deficiencies were identified and the administrator

Maintenance staff was present when the

NFPA 101, 19.2.3.4\* (2012 Edition)

TILE

Administrator will brief the Governing Body (Bledsoe County

their quarterly board meeting.

Nursing Home Board of Directors) at

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 program participation.

DEFMay. 25. 2017 - 4:07PM ND BLEDSOE ADMINES No. 2202 PRP. 40: 05/04/2017 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB\_NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ČLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING 01 - MAIN BUILDING 01 COMPLETED 44E232 B. WING 05/01/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE BLEDSOE COUNTY NURSING HOME PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES. (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG **DEFICIENCY**) K 211 Continued From page 1 acknowledged the deficiencies during the exit conference on 05/01/2017. NFPA 101 Hazardous Areas - Enclosure K 321 K 321 5/9/2011 K321 Hazardous Areas-Enclosure, SS≒D fire stopping material Hazardous Areas - Enclosure 1. On 05/03/2017 the unapproved 2012 EXISTING Hazardous areas are protected by a fire barrier fire-stopping material (foam) sealing having 1-hour fire resistance rating (with 3/4-hour a penetration in the kitchen dry fire rated doors) or an automatic fire extinguishing goods storage room was removed system in accordance with 8.7.1. When the and replaced with "SpecSeal LCI approved automatic fire extinguishing system Sealant" according to the attached option is used, the areas shall be separated from other spaces by smoke resisting partitions and "System" sheet (see attachment #3). doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to 2. On 05/03/2017, the Director of have nonrated or field-applied protective plates Maintenance and the Assistant that do not exceed 48 inches from the bottom of Administrator initiated an inspection the door. Describe the floor and zone locations of of the Facility to determine if there hazerdous areas that are deficient in REMARKS. were any further un-approved fire-19.3.2.1 stopping material in use. None were found. Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms 3. Beginning 05/03/2017 the b. Laundries (larger than 100 square feet) Director of Maintenance will do a c. Repair, Maintenance, and Paint Shops !

FORM CMS-2567(02-99) Prayious Versions Obsolete

d. Soiled Linen Rooms (exceeding 64 gallons)

This STANDARD is not met as evidenced by: Based on observations, the facility failed to

f. Combustible Storage Rooms/Spaces

g. Laboratories (if classified as Severe

e. Trash Collection Rooms

maintain hazardous areas.

(exceeding 64 gallons)

(over 50 square feet)

Hazard - see K322)

Event ID: 051321

Facility ID: TN0401

visual inspection of any

modifications or additions to the

penetrations are sealed using

facility to ensure all smoke barrier

approved fire-stopping materials.

Continued

If continuation sheet Page 2 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  AND PLAN OF CORRECTION  A BUILDING 01 - MAIN BUILDING 01  A BUILDING 01 - MAIN BUILDING 01  A BUILDING 01 - MAIN BUILDING 01  STREET ADDRESS, CITY, STATE, ZIP CODE  107 WHEELERTOWN AVENUE PICEVILLE, TN 37367  REQULATORY OR LSC DEPTISYING INFORMATION)  K 321  Continued From page 2  The findings included:  1. Observation on 05/01/2017 at 8:14 AM, revealed an unapproved fire-stopping material (foam) sealing a penetration in the kitchen dry goods storage room. NFPA 101, 19.3-2.1:2 (2012 Edition)  Meintenance staff was present when the deficiencies were identified and the administrator schowledged the deficiencies during the exit conference on 05/01/2017.  K 331  K 351  NFPA 101 Sprinkler System - Installation Spinkler System - Installation Spinkler System - Installation Spinkler System - Installation In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific streas where state or local regulations prohibit sprinklers.  In hospitals, sprinklers are not required in clothes closes to fpatient sleeping rooms where the area of the closet does not exceed 6 square feet and	DEF <sup>Maly</sup> : CENTER	. 25. 2017 <sub>F.</sub> 4:07P RS FOR MEDICARE	MND 18LEDSOE ADMINES		No. 2202	PR <sup>P</sup> / 5D: FORM/	05/04/2017 APPROVED
MAME OF PROVIDER OR SUPPLIER  BLEDSOE COUNTY NURSING HOME  STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37387  REQUATORY OR LSC IDENTIFYING INFORMATION)  K 321  Continued From page 2  The findings included:  1. Observation on 05/01/2017 at 8:14 AM, revealed an unapproved fire-stopping material (foam) sealing a penetration in the kitchen dry goods storage room. NFPA 101, 19.32.1:2 (2012 Edition) NFPA 101, 19.32.1.3 (2012 Edition)  Z. Observation on 05/01/2017 at 8:15 AM and 8:16 AM, revealed the doors to the dry goods storage room and dry food storage room were not self-closing. NFPA 101, 19.3.2.1.3 (2012 Edition)  Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 05/01/2017.  K 351  NFPA 101 Sprinkler System - Installation  Spinkler System - Installation  Spinkler System - Installation accordance with NFPA 13, Standard for the installation of Sprinkler Systems in accordance with NFPA 13, Standard for the installation or Sprinkler spread or to required the cord of the root required in clothes close to earlier sprinklers are not required in clothes close to 6 patient sleeping rooms where the area of the closet does not exceed 8 source feet and	STATEMENT	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION	OMB NO. (X3) DATE	0938-0391
DLEDSOE COUNTY NURSING HOME    TOWNHEELERTOWN AVENUE   PIKEVILLE, TN 37367	**************************************		44E232	B. WING	<u> </u>	0.57	14 (00 4 =
(X4) ID PRETIX TAG  (X4) ID PRETIX TAG  (X5) ID PRETIX TAG  (X6) I	NAME OF R	PROVIDER OR SUPPLIER	<del>.</del>		STREET ADDRESS, CITY, STATE, ZIP CODE	1 05/0	1/2017
REGULATORY OR LSC IDENTIFYING INFORMATION)  K 321  Continued From page 2 The findings included:  1. Observation on 05/01/2017 at 8:14 AM, revealed an unapproved fire-stopping material (foam) sealing a penetration in the kitchen dry goods storage room. NFPA 101, 19.3.2.1;2 (2012 Edition) NFPA 101, 19.3.2.1;2 (2012 Edition) NFPA 101, 19.3.2.1;3 (2012 Edition)  Maintenance staff was present when the deficiencies during the exit conference on 05/01/2017.  K 351  NFPA 101 Sprinkler System - Installation SS=D  Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 sourse feet and		<del></del>	<u> </u>		107 WHEELERTOWN AVENUE		
The findings included:  1. Observation on 05/01/2017 at 8:14 AM, revealed an unapproved fire-stopping material (foam) sealing a penetration in the kitchen dry goods storage room. NFPA 101, 19.3.2.1:2 (2012 Edition) NFPA 101, 8.4.4.1 (2012 Edition)  2. Observation on 05/01/2017 at 8:15 AM and 8:16 AM, revealed the doors to the dry goods storage room and dry food storage room were not self-closing. NFPA 101, 19.3.2.1.3 (2012 Edition)  Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 05/01/2017.  K 351  NFPA 101 Sprinkler System – Installation  Spinkler System – Installation  2012 EXISTING  Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.  In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 8 sugare feet and	PREFIX	(EACH DEFICIENCY	/ MUST BE PRÉCEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	nee l	(X5) COMPLETION DATE
sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.  19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5,	K 351 SS=D	The findings included 1. Observation on 0 revealed an unappr (foam) sealing a per goods storage room Edition) NFPA 101, 2. Observation on 0 8:16 AM, revealed it storage room and diself-closing. NFPA 10 Maintenance staff with deficiencies were ideacknowledged the conference on 05/0 NFPA 101 Sprinkler Spinkler System - In 2012 EXISTING Nursing homes, and construction type, a approved automatic accordance with NFI Installation of Sprinkler Sprinkler protection or local regulations. In hospitals, sprinkle of the closet does in sprinkler coverage of required by NFPA 13 Sprinkler Systems. 19.3.5.1, 19.3.5.2, 1	ed:  05/01/2017 at 8:14 AM, roved fire-stopping material enetration in the kitchen dry n. NFPA 101, 19.3.2.1.2 (2012 8.4.4.1 (2012 Edition)  05/01/2017 at 8:15 AM and the doors to the dry goods iry food storage room were no 101, 19.3.2.1.3 (2012 Edition)  was present when the dentified and the administrator deficiencies during the exit 1/2017.  System - Installation  the sprinkler system in FA 13, Standard for the kler Systems. struction, alternative protection in specific areas where state prohibit sprinklers. ers are not required in clothes beging rooms where the area of exceed 6 square feet and covers the closet footprint as 3, Standard for Installation of 19.3.5.3, 19.3.5.4, 19.3.5.5.		4. The Director of Maintenar will make an initial report on the finding and the other findings of survey, as well as the corrective action implemented, to the QA Committee at the next quarter meeting and for the next 3 quarmeetings. The Assistant Administrator will brief the Governing Body (Bledsoe Coun Nursing Home Board of Director)	is on this e /QI / I / I / I / I / I / I / I / I / I	

DEF <sup>May</sup> :	25. 2017 <sub>H</sub> 4:07P	MND BLEDSOE ADMINES			No. 2202 P	RP. 60	05/04/2017
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				FORM	APPROVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION - MAIN BUILDING 01	(X3) DAT	. 0938-0391 E SURVEY IPLETED
		44E232	8. WING			}	
NAME OF	PROVIDER OR SUPPLIER		2. 77.113			05/	01/2017
RI EDSA	E COUNTY NURSING	MONE		107	EET ADDRESS, CITY, STATE, ZIP CODE WHEELERTOWN AVENUE		
-	E COOM I MOKSING	HOME	ľ		EVILLE, TN 37367		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES				<del></del>	
PŘĚFÍX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
K 211	Continued From pa	ge 1					
		deficiencies during the exit					
K 321	NFPA 101 Hazardo	us Areas - Enclosure	кз	321	K321 Hazardous Areas-Enclosur	•	5/9/2017
\$5=D	Llozordena Augus	Fa.41			self-closing hardware	e,	2 /4/801,
	Hazardous Areas - 2012 EXISTING	Enclosure	 		1.On 05/09/2017 the self-closing	a	[ [
	Hazardous areas a	re protected by a fire barrier			hardware for the doors to the di	3  }	}
	having 1-hour fire re	esistance rating (with 3/4-hour		1	goods storage room and dry foo	Ч Х	
	fire rated doors) or	an automatic fire extinguishing			storage room were installed.	<b>.</b>	
	system in accordan	ce with 8.7.1. When the fire extinguishing system					
	option is used, the	areas shall be separated from	<u> </u>		2. On 05/02/2017, the Director	of	j .
	other spaces by sm	oke resisting partitions and	[		Maintenance and the Assistant		
	doors in accordance	e with 8.4. Doors shall be		Ì	Administrator initiated an inspec	tion	]
	self-closing or autor	matic-closing and permitted to			of the Facility to determine if the	re	
	have nonrated or fig	eld-applied protective plates	ĺ		were any further doors to Hazard	dous	]
	the door.	48 inches from the bottom of			Areas not equipped with functio	nal	
		ind zone locations of		ĺ	self-closing hardware. None we	re	i .
	hazardous areas th	at are deficient in REMARKS.	İ		found,	•-	]
	19.3.2.1			'		,	
	Агеа	Automotic Contable		1			
	Separation N/A	Automatic Sprinkler			3) Beginning 05/02/2017 a mo	nthly i	
	a. Boiler and Fuel-F	ired Heater Rooms		- }	Facility Exterior Checklist an	d	
	b. Laundries (larger	than 100 square feet)	ļ		Interior Checklist were revis	ed j	
	c. Repair, Maintena	nce, and Paint Shops	İ		(see attachment #1 and #2)		ļ <b>!</b>
	e. Trash Collection	ms (exceeding 64 gallons)	]		monitor Facility self-closing	†	
	(exceeding 64 gallo	ne)	1		doors as well as other safety	and .	
		age Rooms/Spaces			operational requirements.		
	(over 50 square fee	t)			Checklist will be utilized by t		
	g. Laboratories (if c	lassified as Severe	ĺ		Maintenance Department to		
	Hazard - see K322) This STANDARD is	s not met as evidenced by:			record the monthly checks.		
	Based on observat	ions, the facility failedito			Copies of the completed		
	maintain hazardous	areas.	1	- {	checklist will be provided to	the	
i		•			Administrator		
			I		Contin	<u>red</u>	

DEFMay. 25. 2017 F. 4:08PM ND BLEDSOE ADMINES No. 2202 PRP. 7D: 05/04/2017 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A BUILDING 01 - MAIN BUILDING 01 COMPLETED 44E232 NAME OF PROVIDER OR SUPPLIER 05/01/2017 STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (X5) COMPLETION DATE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY K 321 Continued From page 2 K 321 The Director of Maintenance The findings included: will make an initial report on this Observation on 05/01/2017 at 8:14 AM. finding and the other findings on this revealed an unapproved fire-stopping material survey, as well as the corrective (foam) sealing a penetration in the kitchen dry action implemented, to the QA/QI goods storage room. NFPA 101, 19.3.2.1.2 (2012 Committee at the next quarterly Edition) NFPA 101, 8.4.4.1 (2012 Edition) meeting and for the next 3 quarterly 2. Observation on 05/01/2017 at 8:15 AM and meetings. The Assistant 8:16 AM, revealed the doors to the dry goods Administrator will brief the storage room and dry food storage room were not Governing Body (Bledsoe County) self-closing. NFPA 101, 19.3.2.1.3 (2012 Edition) Nursing Home Board of Directors) at their quarterly board meeting. Maintenance staff was present when the deficiencies were identified and the administrator acknowledged the deficiencies during the exit conference on 05/01/2017. K 351 NFPA 101 Sprinkler System - Installation K 351 K351 Sprinkler System-Installation 5/22/2011 SS≃D The decorative (nonloadbearing) Spinkler System - installation intervening header blocking the 2012 EXISTING Nursing homes, and hospitals where required by existing sprinkler head from covering construction type, are protected throughout by an the full equipment closet was approved automatic sprinkler system in removed on 5/22/2017. accordance with NFPA 13, Standard for the installation of Sprinkler Systems. On 05/02/2017, the Director of In Type I and II construction, alternative protection measures are permitted to be substituted for Maintenance and the Assistant sprinkler protection in specific areas where state Administrator initiated an inspection or local regulations prohibit sprinklers. of the Facility to determine if there In hospitals, sprinklers are not required in clothes were any further missing sprinkler. closets of patient sleeping rooms where the area heads or obstructed sprinkler heads. of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as None were found. required by NFPA 13, Standard for Installation of Sprinkler Systems. Continued 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: 0SL321

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Facility ID: TN0401

If continuation sheet Page 3 of 6

DEF <sup>May</sup>	25. 2017 <sub>+</sub> 4:08P	MND BLEDSOE ADMINES		No. 2202 F	r. 85	: 05/04/2017
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES		-	MAD4 Ola Brat	APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;		(X2) MULT A. BUILDIN	(X3) DAT	B NO. 0938-0391  Xa) DATE SURVEY COMPLETED		
·		44E232	B. WING		1	
NAME OF	PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	<u>  05/</u>	01/2017
BLEDSO	E COUNTY NURSING	HOME		107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION	N PE	(X5) COMPLETION DATE
K 351 K 353 SS=D	Based on observation sprinklers where recommendate sprinklers where recommendate sprinkler coverage in closet in between particles in between particles and the sed deficiencies where acknowledged during the exit conference of the sed during the sed during the exit conference of the sed during the se	inot met as evidenced by: ions, the facility failed to have quired.  17 at 8:51 AM, revealed no in a portion of the equipment atient room 102 and 103. (2012 Edition) NFPA 101, 9.7  13, 8.6.5.2 (2010 Edition)  Internance was present when ivere identified and they were by the administrator (interim) internance on 5/1/17.  System - Maintenance and  Maintenance and Testing and standplpe systems are ind maintained in accordance dard for the Inspection, ining of Water-based Fire Records of system design, cition and testing are ure location and readily ystem last checked  ystem test  upply source  (S Information on coverage for	K 35		d ed to ads The the the s gs on ted, the for gs. will	
	any non-required or system. 9.7.5, 9.7.7, 9.7.8, a	partial automatic sprinkler				

DEFMay. 25. 2017 4:09 PM ND BLEDSOE ADMINES No. 2202 PRP. 90: 05/04/2017 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 44E232 B. WING 05/01/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X4) ID SUMMARY STATEMENT OF DEFICIENCIES: PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X6) COMPLETION PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE K 351 Continued From page 3 This STANDARD is not met as evidenced by: Based on observations, the facility failed to have sprinklers where required. The findings included: Observation on 5/1/17 at 8:51 AM, revealed no sprinkler coverage in a portion of the equipment closet in between patient room 102 and 103. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7 (2012 Edition) NFPA 13, 8.6.5.2 (2010 Edition) The director of maintenance was present when these deficiencies were identified and they were later acknowledged by the administrator (interim) during the exit conference on 5/1/17. NFPA 101 Sprinkler System - Maintenance and K 353 K 353 5/24/2017 K353 Sprinkler System-Testing SS=D Maintenance and Testing, corroded sprinklers Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are 1) On 05/02/2017 the Director of inspected, tested, and maintained in accordance Maintenance contacted Tyco with NFPA 25, Standard for the Inspection, Simplex Grinnell, a sprinkler Testing, and Maintaining of Water-based Fire installation and maintenance Protection Systems. Records of system design. company to replace the maintenance, inspection and testing are maintained in a secure location and readily corroded sprinkler heads (see available. attachment #4). a) Date sprinkler system last checked 2) On May 2, 2017, the Director of b) Who provided system test

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c) Water system supply source

9.7.5, 9.7.7, 9.7.8, and NFPA 25

Provide in REMARKS information on coverage for

any non-required or partial automatic sprinkler

Event ID: 05L321

Facility ID: TN0401

If continuation sheet Page 4 of 6

Continued

Maintenance and the Assistant Administrator initiated an

inspection of the Facility to

determine if there were any

further corroded sprinkler heads. None were found.

DEFMay. 25. 2017 + 4:09PMAND BLEDSOE ADMINES No. 2202 PRP. 10: 05/04/2017 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DAYE SURVEY IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 44E232 B. WING . NAME OF PROVIDER OR SUPPLIER 05/01/2017 STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES . (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) K 353 Continued From page 4 K 353 3) Beginning 05/02/2017 a monthly This STANDARD is not met as evidenced by: Facility Exterior Checklist and Based on observations and document review, Interior Checklist were the facility failed to maintain the sprinkler system. developed (see attachment #1 The findings included: and #2) and implemented to monitor Facility sprinkler heads 1. Observation on 5/1/17 at 8:30 AM-10;34 AM, for corrosion as well as other revealed corroded sprinklers in the following safety and operational locations: a. A hall shower room (3) requirements. The Checklist will b. Corridor across from nurse station 1 (1) NFPA be utilized by the Maintenance 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 Department to record the (2012 Edition) monthly checks. Copies of the NFPA 13, 26.1 (2010 Edition) NFPA 25, 5.2.1.1.2 completed checklist will be (2011 Edition) provided to the Administrator. Observation on 05/01/2017 at 8:37 AM. revealed the post indicator valve mounted outside the kitchen back door was missing its indictor 4) The Director of Maintenance will sign. NFPA 101, 19.3.5.1 (2012 Edition) NFPA make an initial report on this 101, 9.7.1.1 (2012 Edition) NFPA 13, 8.16.1.1.4.1 finding and the other findings on NFPA 13, 26.1 (2010 Edition) NPFA 25, 4.1.4.1 this survey, as well as the (2011 Edition) corrective action implemented, to the QA/QI Committee at the 3. Observation on 5/1/17 at 8:46 AM, revealed a sprinkler not parallel with the ceiling located in the next quarterly meeting and for corridor outside of patient room 103. NFPA 101, the next 3 quarterly meetings. 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 The Assistant Administrator will

FORM CMS-2567(02-99) Previous Versions Obsolete

13, 7.2.3.2 (2010 Edition)

Edition)

NFPA 13, 8.5.4.2 (2010 Edition)

4. Document review and phone interview with a

sprinkler technician on 5/1/17 at 9:26 AM,

revealed sprinkler reports dating 06/06/2016, 09/12/2016 and 02/23/2017 noted a deficiency of the dry sprinkler system did not trip within one minute of testing. NFPA 101, 19.3.5.1 (2012 Edition) NFPA 101, 9.7.1.1 (2012 Edition) NFPA

Event ID: 0SL321

Facility ID: TN0401

brief the Governing Body

Board of Directors) at their

quarterly board meeting.

(Bledsoe County Nursing Home)

If continuation sheet Page 5 of 6

DEFMay: 25. 2017 - 4:09PM ND BLEDSOE ADMINES CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 2202 PRP. 11: 05/04/2017 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI	(X3) DATE SURVEY		
		A BUILDING (	01 - MAIN BUILDING 01	COM	PLETED
March AP Brown and At Assessment	44E232	B. WING		05/0	01/2017
NAME OF PROVIDER OR SUPPLIER BLEDSOE COUNTY NURSING	HOME	10	TREET ADDRESS, CITY, STATE, ZIP CODE D7 WHEELERTOWN AVENUE IKEVILLE, TN 37367		
PREFIX   (EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X\$) COMPLETION DATE
Based on observa the facility failed to The findings includ 1. Observation on revealed comoded locations: a. A hall shower rot b. Comidor across 101, 19.3.5.1 (2012 (2012 Edition) NFPA 13, 26,1 (2012 (2011 Edition)  2. Observation on revealed the post in the kitchen back do sign. NFPA 101, 19 101, 9.7.1.1 (2012 NFPA 13, 26.1 (2012 (2011 Edition)  3. Observation on sprinkler not parallic corridor outside of 19.3.5.1 (2012 Edition) NFPA 13, 8.5.4.2 (4. Document reviews prinkler technician revealed sprinkler syminute of testing. Negation of testing.	s not met as evidenced by: tions and document review, maintain the sprinkler system. ed: 5/1/17 at 8:30 AM-10:34 AM, sprinklers in the following om (3) from nurse station 1 (1) NFPA 2 Edition) NFPA 101, 9.7.1.1 10 Edition) NFPA 25, 5.2.1.1,2 05/01/2017 at 8:37 AM, ndicator valve mounted outside bor was missing its indictor 0.3.5.1 (2012 Edition) NFPA Edition) NFPA 13, 8.18.1.1.4.1 10 Edition) NPFA 25, 4.1.4.1 5/1/17 at 8:46 AM, revealed a el with the ceiling located in the patient room 103, NFPA 101, tion) NFPA 101, 9.7.1.1 (2012 2010 Edition) w and phone interview with a n on 5/1/17 at 9:26 AM, reports dating 06/06/2016, //23/2017 noted a deficiency of retem did not trip within one NFPA 101, 19.3.5.1 (2012, 9.7.1.1 (2012 Edition) NFPA		K353 Sprinkler System- Maintenance and Testing, post indicator valve.  1. On 05/02/2017 the Director Maintenance contacted Tyco Simplex Grinnell, a sprinkler installation and maintenance company to inspect and repair the sprinkler system. They installed new Post Indicator Valve 05/24/2017.  2. There are no other post indicator valve signs in the build s	ing. st nd r as	

DEFMay. 25. 2017 F. 4: 10PM ND BLEDSOE ADMINES CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 2202 PRP. 12: 05/04/2017 FORM APPROVED

OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING 01 - MAIN BUILDING 01 44E232 05/01/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 107 WHEELERTOWN AVENUE **BLEDSOE COUNTY NURSING HOME** PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION 1D PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETION (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY K 353 Continued From page 5 K 353 4. The Director of Maintenance will make an initial report on this finding The director of maintenance was present when and the other findings on this survey, these deficiencies were identified and they were as well as the corrective action later acknowledged by the administrator (interim) implemented, to the QA/QI during the exit conference on 5/1/17. Committee at the next quarterly meeting and for the next 3 quarterly meetings. The Assistant Administrator will brief the Governing (Body Bledsoe County Nursing Home Board of Directors) at their quarterly board meeting. K353 Sprinkler System-Maintenance and Testing, sprinkler not parallel to the ceiling. 1) On 05/02/2017 the Director of Maintenance contacted Tyco Simplex Grinnell, a sprinkler system installation and : 1 maintenance company to inspect and repair the sprinkler system. The Company adjusted the sprinkler heads on 05/24/2017 (see attachment #4). 2) On 05/02/2017 the Director of Maintenance and Assistant Administrator conducted a facility walk through to determine if there any further sprinkler heads out of

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Event IO: 0SL321

Facility ID: TN0401

If continuation sheet Page 6 of 6

Continued

alignment. None were found.

DEMay. 25. 2017 1 4:10 PMAND BLEDSOE ADMINUES No. 2202 PFP. 13: 05/04/2017 CENTERS FOR MEDICARE & MEDICAID SERVICES FORM APPROVED <u>OMB N</u>O. 0<u>9</u>38-<u>0</u>391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (XS) DATE SURVEY IDENTIFICATION NUMBER: A BUILDING 01 - MAIN BUILDING 01 COMPLETED 44E232 NAME OF PROVIDER OR SUPPLIER 05/01/2017 STREET ADDRESS, CITY, STATE, ZIP CODE BLEDSOE COUNTY NURSING HOME 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX (XS) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY K 353 Continued From page 5 K 353 3) Beginning 05/02/2017 a monthly Facility Exterior Checklist and The director of maintenance was present when Interior Checklist were these deficiencies were identified and they were later acknowledged by the administrator (interim) developed (see attachment #1 during the exit conference on 5/1/17. and #2) and implemented to monitor Facility sprinkler heads ; ; ) for corrosion as well as other safety and operational requirements. The Checklist will be utilized by the Maintenance Department to record the monthly checks. Copies of the completed checklist will be provided to the Administrator. the same with the page of the same 4) The Director of Maintenance will make an initial report on this finding and the other findings on U this survey, as well as the corrective action implemented. to the QA/QI Committee at the next quarterly meeting and for the next 3 quarterly meetings. The Assistant Administrator will brief the Governing Body (Bledsoe County Nursing Home) Board of Directors) at their quarterly board meeting.

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DEMay. CENTER	25. 2017 4:10PM	MAND BLEDSOE ADMINSES & MEDICAID SERVICES		No. 220	)2 PIP. 145; FORM	05/04/2017 APPROVED
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU	ULTIPLE CONSTRUCTION DING 01 - MAIN BUILDING 01	OMB NO. (X3) DAT	0938-0391 E SURVEY IPLETED
NAME OF F	ROVIDER OR SUPPLIER	44E232	B. WING		05/	01/2017
	E COUNTY NURSING	HOME		STREET ADDRESS, CITY, STATE, ZIP COI 107 WHEELERTOWN AVENUE PIKEVILLE, TN 37367	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	PROVIDER'S PLAN OF CORR FIX (EACH CORRECTIVE ACTION S	HOIN DIRE	(X5) COMPLETION DATE
K 353	these deficiencies v	ntenance was present whe were identified and they we I by the administrator (inter	en e	Maintenance and Testi trip test  1) On 05/02/2017 the Di Maintenance contacte Simplex Grinnell, a spri system installation and maintenance company inspect and repair the sprinkler system. The conducted a full-system to clean the system plut The system was obstrudebris. After flushing, system was tested and within the required on	rector of d Tyco nkier , to company m flush umbing. ucted by the I tripped	
				2) This is the only spr system in the facil		
		\{\bar{\}}		Contin	ued	

DEMay. CENTEI	25. 2017   4:10PM RS FOR MEDICARE	MAND BLEDSOE ADMIN; ES & MEDICAID SERVICES			No. 2202	FORM	05/04/2017 APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - MAIN BUILDING 01 COMPLETED				
		44E232	B. WING	<b></b>		)	
NAME OF I	PROVIDER OR SUPPLIER	i i		STREET ADDR	ESS, CITY, STATE, ZIP CODE	<u>  05/</u>	01/2017
BLEDSO	E COUNTY NURSING	HOME		107 WHEELEI PIKEVILLE,	RTOWN AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREF TAG	PR IX (EAC)	OVIDER'S PLAN OF CORRECT H CORRECTIVE ACTION SHOU -REFERENCED TO THE APPR DEFICIENCY)	II IN BIE	(XS) COMPLETION DATE
K 353	Continued From page	ge 5 Itenance was present when	K	353 3)	Beginning 05/02/2017 monthly Facility Exteri		<u> </u>
	these deficiencies w	vere identified and they were by the administrator (interim)			Checklist and Interior Checklist were develo (see attachment #1 an	ped	
		13. 13. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	   		and implemented to n Facility sprinkler head:	nonitor	
	•	•			corrosion as well as ot safety and operational	her	
		·¥			requirements. The Ch will be utilized by the		
					Maintenance Departm record the monthly ch		
		: 1 7 }			Copies of the complete checklist will be provide	ed	
•		, &			the Administrator.		
		; t		4)	The Director of Mainto will make an initial rep this finding and the ot	ort on	
		3. <b>4</b> 11.			findings on this survey well as the corrective	, as	· · ·
		:. :-	•		implemented, to the C	QA/QI	
					quarterly meeting and the next 3 quarterly	for	
		"i			meetings. The Assista Administrator will brie	f the	
					Governing Body (Bleds County Nursing Home		
		\$ 			of Directors) at their quarterly board meeti	ng in.	